PAGE 1 / 25

Image# 201510159002946179

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	For Other Than	An Authorized	d Committee	•		Office Us	e Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT		ample: If typing r the lines.	, type	12FE4M	5	
American Pharmacists	Association I	Political Action	n Committe	e			
ADDRESS (number and street)	2215 Constitution	n Avenue, NW					
Check if different than previously reported. (ACC)	Washington				DC	20037	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦			STATE A	:	ZIP CODE A
C C00193854		3. IS THIS REPORT	X NE		A (A	MENDED A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	Ju	ay 20 (M5) n 20 (M6) l 20 (M7)	Sep	g 20 (M8) o 20 (M9) t 20 (M10)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
Quarterly Report (Q) July 15 Quarterly Report (Q)  Cotober 15 Quarterly Report (Q) January 31 Year-End Report (Y)	(C) 12-Day PRE-E Report	y Election t for the:	Primary (12P) Convention (12	PC)	General Special	(12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	POST-	y -Election t for the: Election on	General (30G)	D	Runoff	(30R)	Special (30S) in the State of
5. Covering Period 07	M / D D / 01	2015	through	M M M	30	/ Y Y 201	
I certify that I have examined th Type or Print Name of Treasure		he best of my kno	wledge and be	lief it is tru	ue, correct ar	nd complet	e.
Signature of Treasurer Mr. J	Joe Janela		[Electronically I	Filed] [	Date 10	M / D	2015
NOTE: Submission of false, errone	eous, or incomplete	information may su	ubject the perso	n signing t	nis Report to	the penaltic	es of 2 U.S.C. §437g.
Office Use Only							FORM 3X ev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

### American Pharmacists Association Political Action Committee

Report Covering the Period: From: 07 01 2015 To: 09 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		89658.35
	(b) Cash on Hand at Beginning of Reporting Period	42528.28	
	(c) Total Receipts (from Line 19)	10493.50	47959.09
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53021.78	137617.44
7.	Total Disbursements (from Line 31)	15596.08	100191.74
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37425.70	37425.70
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Pharmacists Association Political Action Committee

R	eport Covering the Period: From: 07	01 2015 To	0: 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees		
	(i) Itemized (use Schedule A)	3557.00	19454.79
	(ii) Unitemized(iii) TOTAL (add	6936.50	28504.30
	Lines 11(a)(i) and (ii)▶	10493.50	47959.09
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10493.50	47959.09
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	10493.50	47959.09
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	10493.50	47959.09

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period					
	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		Calendar Year-to-Date				
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
(	(b) Other Federal Operating						
	Expenditures(c) Total Operating Expenditures	596.08	11691.74				
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	596.08	11691.74				
	Transfers to Affiliated/Other Party		200				
3. (	CommitteesContributions to	0.00	0.00				
 	Federal Candidates/Committees and Other Political Committees	15000.00	84000.00				
	Independent Expenditures	0.00	0.00				
25. (	(use Schedule E)	0.00	0.00				
	(2 U.S.C. §441a(d)) Juse Schedule F)	0.00	0.00				
96 I	Loan Repayments Made	0.00	0.00				
.0. 1	Loan Hepayments Made						
7. I	Loans Made	0.00	0.00				
	(a) Individuals/Persons Other Than Political Committees	0.00	4500.00				
		200	0.00				
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00				
	(such as PACs)	0.00	0.00				
	(d) Total Contribution Refunds						
,	(add Lines 28(a), (b), and (c))▶	0.00	4500.00				
29. (	Other Disbursements	0.00	0.00				
. 9. V	Other Disbursements	0.00	0.00				
	Federal Election Activity (2 U.S.C. §431(20))						
(	<ul><li>(a) Allocated Federal Election Activity</li><li>(from Schedule H6)</li></ul>						
	(i) Federal Share	0.00	0.00				
	(ii) "Levin" Share	0.00	0.00				
	(b) Federal Election Activity Paid Entirely						
	With Federal Funds	0.00	0.00				
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15596.08	100191.74				
	-, ,,,,,,,,,	1000.00	100191.74				
	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	15596.08	100191.74				

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10493.50	47959.09	
4. Total Contribution Refunds (from Line 28(d))	0.00	4500.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10493.50	43459.09	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	596.08	11691.74	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	596.08	11691.74	

### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F3XN Transaction ID :

This amendment is to correct errors on the original report.

Form/Schedule: Transaction ID:

FOR LINE NUMBER: **PAGE** (check only one) X 11a 11b 11c

7 OF 25 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Nancy A Alvarez Date of Receipt Mailing Address 21611 Audubon Way NULL 07 2015 City State Zip Code Transaction ID: C3101992 CA 92630-5752 Lake Forest Amount of Each Receipt this Period FEC ID number of contributing 180.00 federal political committee. Name of Employer Occupation **Endo Health Solutions** ADMINSTRATION STRATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amber L. Briggs Date of Receipt Mailing Address PO Box 2605 **NULL** 07 31 2015 City State Zip Code Transaction ID: C3117136 ΑK Soldotna 99669-2605 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Central Peninsula Hospital Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General -25.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amber L. Briggs Date of Receipt Mailing Address PO Box 2605 2015 80 31 NULL City State Zip Code Transaction ID: C3102037 AK Soldotna 99669-2605 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Clinical Pharmacist Central Peninsula Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General -25.00Other (specify) 230.00 SUBTOTAL of Receipts This Page (optional).....

- 9

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE (check only 11a

FO	PAGE		8	OF	25				
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	13		14		15		16	;	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Pharmacists Assoc	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Amber L. Briggs		Date of Receipt
Mailing Address PO Box 2605 NULL		09 30 _ 2015 _
City	State Zip Code	09 30 2015 Transaction ID : C3117387
Soldotna	AK 99669-2605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	-
Central Peninsula Hospital	Clinical Pharmacist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ -25.00	
Full Name (Last, First, Middle Initial)  Evan W. Colmenares  Mailing Address 400 Mid-10 Mid-1		Date of Receipt
Mailing Address 103 Misty Woods Cir Apt L		08 09 _2015 _
City	State Zip Code	Transaction ID : C3102080
Chapel Hill	NC 27514-2490	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1.00
Name of Employer	Occupation	1
University of North Carolina At Chapel	Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  221.00	
Full Name (Last, First, Middle Initial)  C. Kimberly L. Croley		Date of Receipt
Mailing Address 317 Chestnut St		07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Corbin	State Zip Code KY 40701	Transaction ID : C3047102  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer	Occupation	-
Laurel Senior Living Communities	DIR_ASSOC_OR_ASST_DIR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	378.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	68.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Pharmacists Assoc	iation Political Action Committee	
Full Name (Last, First, Middle Initial)  Kimberly L. Croley  Mailing Address 317 Chestnut St		Date of Receipt
City Corbin  FEC ID number of contributing federal political committee.  Name of Employer Laurel Senior Living Communities Receipt For:	State Zip Code KY 40701  C  Occupation DIR_ASSOC_OR_ASST_DIR  Aggregate Year-to-Date ▼	08 10 2015  Transaction ID : C3067626  Amount of Each Receipt this Period  42.00
Primary General Other (specify) ▼	378.00	
Full Name (Last, First, Middle Initial)  Kimberly L. Croley  Mailing Address 317 Chestnut St  City	State Zip Code	Date of Receipt  09 10 2015
Corbin  FEC ID number of contributing federal political committee.	KY 40701	Transaction ID : C3090177  Amount of Each Receipt this Period  42.00
Name of Employer Laurel Senior Living Communities  Receipt For:  Primary General Other (specify) ▼	Occupation DIR_ASSOC_OR_ASST_DIR  Aggregate Year-to-Date ▼  378.00	
Full Name (Last, First, Middle Initial)  Susan M Holden  Mailing Address 15 Juniper Rd		Date of Receipt  07 30 2015
City Medway  FEC ID number of contributing federal political committee.	State Zip Code MA 02053-2439	Transaction ID : C3063645  Amount of Each Receipt this Period  25.00
Name of Employer  VA Boston Healthcare System  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation STAFF_PHARMACIST  Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	109.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

25

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Susan M Holden Date of Receipt Mailing Address 15 Juniper Rd 80 30 2015 City Zip Code State Transaction ID: C3101915 Medway MA 02053-2439 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation STAFF PHARMACIST VA Boston Healthcare System Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan M Holden Date of Receipt Mailing Address 15 Juniper Rd 09 30 2015 City State Zip Code Transaction ID: C3117386 MA Medway 02053-2439 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation VA Boston Healthcare System STAFF\_PHARMACIST Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maclay Edward Hoyne Date of Receipt Mailing Address 7990 E Snyder Rd Apt 25103 2015 80 04 NULL City State Zip Code Transaction ID: C3102009 ΑZ Tucson 85750-9053 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation STAFF\_PHARMACIST University Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF (check only one) X 11a 11b 12 11c

25 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Thomas E Menighan Date of Receipt Mailing Address 7011 Clinton Ct NULL 80 2015 25 City Zip Code State Transaction ID: C3101911 MD Annapolis 21403-7602 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **PRESIDENT** American Pharmacists Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael A. Mone Date of Receipt Mailing Address 4909 Scenic Creek Dr **NULL** 07 80 2015 City State Zip Code Transaction ID: C3117131 OH Powell 43065 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Cardinal Health DIR\_ASSOC\_OR\_ASST\_DIR Receipt For: Aggregate Year-to-Date ▼ Primary General 20.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael A. Mone Date of Receipt Mailing Address 4909 Scenic Creek Dr 2015 80 14 NULL City State Zip Code Transaction ID: C3117148 OH Powell 43065 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation DIR\_ASSOC\_OR\_ASST\_DIR Cardinal Health Receipt For: Aggregate Year-to-Date ▼ Primary General 20.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Michael A. Mone Date of Receipt Mailing Address 4909 Scenic Creek Dr NULL 2015 City State Zip Code Transaction ID: C3117149 OH Powell 43065 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation DIR ASSOC OR ASST DIR Cardinal Health Receipt For: Aggregate Year-to-Date ▼ Primary General 20.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael S. Mosley Date of Receipt Mailing Address 7701 Mokena Ct 09 29 2015 City State Zip Code Transaction ID: C3113538 **New Port Richey** FL 34654-5647 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **PETNET Solutions MANAGER** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Marilyn S. Osterhaus Date of Receipt Mailing Address 918 W Platt St 09 07 2015 City State Zip Code Transaction ID: C3046165 IΑ Maquoketa 52060-2038 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Pharmacist Osterhaus Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	MBER	:	PAGE	•	13 OI	F	25
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		117

	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Pharmacists Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Marilyn S. Osterhaus  Mailing Address 918 W Platt St  City  Maquoketa  FEC ID number of contributing federal political committee.  Name of Employer  Osterhaus Pharmacy  Receipt For:  Primary  General  Other (specify)	State Zip Code IA 52060-2038  C  Occupation Pharmacist  Aggregate Year-to-Date ▼  650.00	Date of Receipt  07 26 2015  Transaction ID : C3058052  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  B. Marilyn S. Osterhaus  Mailing Address 918 W Platt St  City  Maquoketa  FEC ID number of contributing federal political committee.  Name of Employer Osterhaus Pharmacy	State Zip Code IA 52060-2038  C Occupation Pharmacist	Date of Receipt  08 09 2015  Transaction ID: C3067556  Amount of Each Receipt this Period  50.00
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Marilyn S. Osterhaus	Aggregate Year-to-Date ▼ 650.00	Date of Receipt
Mailing Address 918 W Platt St  City Maquoketa  FEC ID number of contributing federal political committee.  Name of Employer Osterhaus Pharmacy Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code IA 52060-2038  C  Occupation Pharmacist  Aggregate Year-to-Date ▼  650.00	09 09 2015  Transaction ID : C3089228  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line number)		150.00

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

25

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Matthew Osterhaus Date of Receipt Mailing Address 918 W Platt St 07 09 2015 City State Zip Code Transaction ID: C3046166 Maquoketa IΑ 52060 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacv **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Osterhaus Date of Receipt Mailing Address 918 W Platt St 07 26 2015 City State Zip Code Transaction ID: C3058053 IΑ Maquoketa 52060 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacy Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew Osterhaus Date of Receipt Mailing Address 918 W Platt St 09 2015 80 City State Zip Code Transaction ID: C3067557 IA Maquoketa 52060 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Pharmacist Osterhaus Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

25

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Matthew Osterhaus Date of Receipt Mailing Address 918 W Platt St 09 2015 09 City State Zip Code Transaction ID: C3089229 Maquoketa IΑ 52060 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacv **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Smith Date of Receipt Mailing Address 802 E Medical Ct 08 01 2015 City State Zip Code Transaction ID: C3102100 ID Post Falls 83854 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Medicine Man West Pharmacy PHARMACIST\_GENERAL Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donald Smith Date of Receipt Mailing Address 802 E Medical Ct 2015 80 01 City Zip Code State Transaction ID: C3117385 ID Post Falls 83854 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation PHARMACIST\_GENERAL Medicine Man West Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 16 OF 25 Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)										
X	11a		11c		12					
	13		14		15		16			17

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Pharmacists Asso	ociation Political Action Committee	
Full Name (Last, First, Middle Initial)  Donald Smith  Mailing Address 802 E Medical Ct		Date of Receipt
		08 31 2015
City Post Falls	State Zip Code ID 83854	Transaction ID : C3102101  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  Medicine Man West Pharmacy  Receipt For:  Primary  General	Occupation PHARMACIST_GENERAL  Aggregate Year-to-Date ▼	
Other (specify) ▼	640.00	
Full Name (Last, First, Middle Initial)  Donald Smith  Mailing Address 802 E Medical Ct		Date of Receipt  09 30 2015
City	State Zip Code	Transaction ID : C3113549
Post Falls	ID 83854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Medicine Man West Pharmacy	Occupation PHARMACIST_GENERAL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial)  Sherrill Spires		Date of Receipt
Mailing Address PO BOX 499		07 23 2015
City Mendocino	State Zip Code CA 95460	Transaction ID : C3102004  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Rite Aid	Pharmacist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	450.00
	·	2557.00
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	17 C	F 25		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	ck only one)			٦.			
		Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30		
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or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
American Pharmacists Association	Politica	Action Cor	nmittee							
Full Name (Last, First, Middle Initial)				Date of Dighterson and						
A. American Express				Date of Disbursement  O7 31 2015						
Mailing Address P.O. Box 53852										
City	State	Zip Code		Transaction ID : D168592						
Phoenix	AZ	85072-3852		ITALIS	action ib . i	J100392				
Purpose of Disbursement Credit Card Fee			001	Amount	of Each Di	sbursemer	nt this P	eriod		
Candidate Name			Category/ Type				2.	.40		
Office Sought: House Disbursen	nent For:			1						
	Primary	General								
State: District:	Other (spec	city) 🔻								
Full Name (Last, First, Middle Initial)  B. Amorican Express				Date of	Disburseme	ent				
B. American Express				M M			Y	Y		
Mailing Address P.O. Box 53852				08	31		2015			
City S	State AZ	Zip Code 85072-3852		Trans	action ID :	D168593				
Purpose of Disbursement		00072 0002		-						
Credit Card Fee			001	Amount	of Each Di	sbursemer	nt this P	eriod		
Candidate Name			C							
Office Sought: House Disbursen	nent For:			1						
	Primary	General								
State: President  District:	Other (spec	city) 🔻								
Full Name (Last, First, Middle Initial)				-						
C. American Express					Disbursem					
Mailing Address P.O. Box 53852				09	08		2015	Y		
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Phoenix Purpose of Disbursement	AZ	85072-3852		110115		- 100034				
Credit Card Fee			001				=			
Candidate Name						Amount of Each Disbursement this				
Office Sought: House Disbursen	nent For:		Туре		7	7				
	Primary	General								
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SCH	EDULE B	(FEC Form	3X)			FO	R I	LINE I	NUMBE	R:				PAGE	18	OF	25	
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<b>.</b> \		MITTEE (In Full)																
∕ An	nerican P	harmacists Ass	sociation	Politica	I Action Co	mmitt	ee	<del>)</del>										
Full	Name (Last,	First, Middle Initial)																
<b>A</b> . Ev	/alon Mer	chant Services							Date	of D	isburs	eme	ent					
Mail	Mailing Address 7300 Chapman Hwy								07									
-	,			State	Zip Code				Transaction ID : D168595									
	oxville pose of Disbu	reement		TN	37920-6612				IIai	isac		, . L	7100	1333				
	erchant Fee	rsement				00	01		Amou	ınt of	f Each	Di	sbur	semer	nt this	Perio	od	
Can	ndidate Name					Cate	gor	y/						-	10.	1 2 4	$\neg$	
<u>O#:</u>	aa Carraba	Haves	Distance.			Tyl				-	7	-		7	102	1.34	_	
Offic	ce Sought:	House Senate	Disbursen	nent For: Primary	General													
		President		Other (spe														
Stat	te:	District:																
_	•	First, Middle Initial)							Doto	of D	iahura		ont					
B. Ev	aion ivier	chant Services							Date		isburs	eme	3M	V	Y	V		
Mail	ling Address	7300 Chapman Hwy							08	_	_	31			2015			
City	oxville		S	State TN	Zip Code 37920-6612				Tra	nsac	tion II	) : C	D168	3596				
	pose of Disbu erchant Fee	rsement				00	04	$\neg$	Amou	ınt of	: Each	D:	obur	oomo	nt this	Dorid	ad	
	ndidate Name						_		AIIIOU	iiit Oi	Laci	l Di	Sbui	Seme	וו נוווא	rend	Ju	
						Cateo Ty <sub>l</sub>		y/			7			,	10	9.34		
Offic	ce Sought:	House	Disbursen															
		Senate President		Primary Other (spe	General													
Stat	te:	District:		Curor (opo	ony) <b>▼</b>													
	•	First, Middle Initial)																
c. Ev	/alon Mer	chant Services							Date	of D	isburs	eme	ent					
 Mail	ling Address	7300 Chapman Hwy							09	_		D 01	/		y y y 1 2015	Υ		
City	xville			State TN	Zip Code 37920-6612				Tra	nsac	tion II	) : C	D168	3597				
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$ \rangle$	American Pharmacists Association	Politica	I Action Cor	nmittee	)							
$\angle$												
٨	Full Name (Last, First, Middle Initial)					Doto of	Dishura	amant.				
A.	QGiv, Inc.					Date of Disbursement						
	Mailing Address 53 Lake Morton Dr.				07 31 2015						Y	
	,	State	Zip Code			Transaction ID : D168601						
	Purpose of Disbursement	FL	33801			- 11010001						
	Merchant Fee			001		Amount	t of Eacl	n Disbur	rsemer	ıt this	Period	
	Candidate Name			Categor	v/	7						
				Type	y'		-		7		5.44	
	Office Sought: House Disburser	nent For:										
		Primary	General									
	State: District:	Other (spec	cify) 🔻									
_	Full Name (Last, First, Middle Initial)				_							
В.	QGiv, Inc.					Date of	Disburs	sement				
	QOIV, IIIC.					M M	/ D	D /	Υ	/ I Y	Υ	
	Mailing Address 53 Lake Morton Dr.					08	l L	31	2	2015		
		State	Zip Code			Trono	action I	D . D16	0602			
		FL	33801			irans	action i	סוט: ט	3002			
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	Office Sought: House Disbursem	nent For:		.,,,,,			,		,			
		Primary	General									
		Other (spec	cify) ▼									
_	State: District:											
_	Full Name (Last, First, Middle Initial)					Data of	Disburs	romont				
C.	QGiv, Inc.					M M				Y	V	
	Mailing Address 53 Lake Morton Dr.					09		02		015	Y	
		State	Zip Code			Trans	action I	D : D16	8603			
	Purpose of Disbursement	FL	33801									
	Merchant Fee			001		Amount	t of Eacl	n Dishur	rsemer	ıt this	Period	
	Candidate Name			Categor	v/	7		. 2.024.	-			
				Туре			-,		7		5.44	
	Office Sought: House Disbursem	nent For: Primary	General									
	State: District:	Other (spec	∪iiy) <b>▼</b>									
	District.											
5	SUBTOTAL of Disbursements This Page (optional)									17	7.56	
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т	OTAL This Period (last page this line number only).				•		-		7			

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SCHEDULE B (FEC Form 3X)			FOR	LINE I	NUMBER	:			PAGE	20 (	OF_	25
ITEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	1 ·	, -	ly one)			24 25				
		ummary Page	×	21b 27	22 28a		23 28b	Ш	24 28c	25 29		26 30b
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or for commercial purposes, other than using the nar												
NAME OF COMMITTEE (In Full)												
American Pharmacists Association	Political	Action Cor	nmittee	9								
Full Name (Last, First, Middle Initial)					<u> </u>	. D						
A. Wells Fargo					Date o	t Disbi	urser			Y		
Mailing Address 1753 Pinnacle Drive 3rd floor					07	] [	31	_		2015		
	State	Zip Code			Transaction ID : D168598							
Mc Lean	VA	22102			Trans	action	n ID :	D16	8598			
Purpose of Disbursement Bank Service Charge			001		Amoun	t of Ea	ach [	Disbu	ırseme	nt this I	Perio	d
Candidate Name			Categor	ry/		-				07	7.58	П
Office Sought: House Disburser			Type			- 7		-	7	97	.56	_
Office Sought: House Disburser Senate	nent For: Primary	General										
President	Other (specif											
State: District:												
Full Name (Last, First, Middle Initial)												
B. Wells Fargo					Date o	f Disb	urser			Y	Y	
Mailing Address 1753 Pinnacle Drive 3rd floor	3rd floor				08	] [	31	_	L.	2015		
City Mc Lean	State VA	Zip Code 22102			Trans	sactio	n ID	: D16	8599			
Purpose of Disbursement Bank Service Charge			001	$\neg$	Amoun	t of Ea	ach [	Disbu	ırseme	nt this	Perio	od
Candidate Name			Categor	v/						-		
			Type	<i>y,</i>		7		-	7	86	5.23	_
Office Sought: House Disburser Senate	ment For:	Conoral										
President	Primary Other (specif	General										
State: District:	С (Ср. С	·3/ <b>\</b>										
Full Name (Last, First, Middle Initial)												
C. Wells Fargo					Date o	f Disb	urser	nent				
Mailing Address 1753 Pinnacle Drive					09	/	11	_		2015	Y	
3rd floor												
City Mc Lean	State VA	Zip Code 22102			Trans	sactio	n ID :	: D16	8600			
Purpose of Disbursement Bank Service Charge				$\neg$								
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Candidate Name	Candidate Name								-	55	5.82	٦
Office Sought: House Disburser	ment For:		Type	$\dashv$		,			7		_	_
Senate	Primary	General										
President	Other (specif	fy) 🔻										
State: District:												
SUBTOTAL of Disbursements This Page (optional)						-				239	.63	٦
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TOTAL This Period (last page this line number only)	)			•					7	596	80.	

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SCHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 21 OF 25					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28					
Any information copied from such Reports and Statem	ents may not be sold or us							
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)		•						
American Pharmacists Association	Political Action Co	mmittee						
Full Name (Last, First, Middle Initial)								
A. BILL FLORES FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 6207			09 29 2015					
City	state Zip Code							
BRYAN	TX 77805		Transaction ID : D168	388				
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disburs	sement this Period				
Candidate Name		Category/		1000.00				
Rep. Bill Flores  Office Sought:	nent For: 2016	Туре						
	Primary General							
	Other (specify) ▼							
State: TX District: 17								
Full Name (Last, First, Middle Initial)  B. BILLY LONG FOR CONGRESS			Date of Disbursement					
			M = M / D = D /	Y Y Y Y Y				
Mailing Address 3246 E. RIDGEVIEW STREET			07 29 2015					
,	State Zip Code MO 65804		Transaction ID : D167	704				
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disburs	sement this Period				
Candidate Name		Category/						
Rep. Billy Long		Type		1000.00				
	nent For: 2016							
	Primary General Other (specify) ▼							
State: MO District: 07	cule: (epecily)							
Full Name (Last, First, Middle Initial)								
C. CATHY MCMORRIS RODGERS F	OR CONGRESS		Date of Disbursement					
Mailing Address Box 137			09 25	2015				
-								
,	state Zip Code WA 99210		Transaction ID : D168	343				
Purpose of Disbursement	00210							
Campaign Contribution		011	Amount of Each Disburs	sement this Period				
Candidate Name Rep. Cathy McMorris Rodgers		Category/		1000.00				
	nent For: 2020	Туре	7					
	Primary General							
	Other (specify) ▼							
State: WA District: 05								
SUBTOTAL of Disbursements This Page (optional)				3000.00				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)  FOR LINE NUMBER:  PAGE 22							
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Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
American Pharmacists Association	Political Action Com	nmittee						
Full Name (Last, First, Middle Initial)								
A. MCKINLEY FOR CONGRESS  Mailing Address 32 20TH STREET			Date of Disbursement  09 30 2015					
	7.01		09 30 2013					
WHEELING	tate Zip Code WV 26003		Transaction ID: D168358					
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period					
Candidate Name Rep. David B. McKinley		Category/ Type	1000.00					
Office Sought: House Disbursem	ent For: 2016  Primary General  Other (specify)	Турс						
Full Name (Last, First, Middle Initial)								
B. DIANA DEGETTE FOR CONGRES	SS		Date of Disbursement					
Mailing Address P.O. BOX 61337		07 30 2015						
,	tate Zip Code CO 80206		Transaction ID : D167713					
Campaign Contribution		011	Amount of Each Disbursement this Period					
Candidate Name  Rep. Diana DeGette		Category/ Type	1000.00					
Senate	ent For: 2020 Primary ☐ General Other (specify) ▼							
Full Name (Last, First, Middle Initial)  C. MATSUI FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 1738			07 29 2015					
SACRAMENTO	tate Zip Code CA 95812		Transaction ID : D167699					
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period					
Candidate Name Rep. Doris Matsui		Category/ Type	1000.00					
Office Sought:    House   Disbursem	Senate Primary General							
			3000.00					
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			3000.00					

SCHEDULE B (FEC Form 3X)	I Ian	-11 1 / \	FOR LINE I	NUMBER:		PAGE	23 O	F 25			
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		ummary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	30			
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NAME OF COMMITTEE (In Full)											
American Pharmacists Association	Political	<b>Action Cor</b>	mmittee								
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Full Name (Last, First, Middle Initial)				Date of Disbursement							
A. BLUMENAUER FOR CONGRESS					V						
Mailing Address 232 NE 9TH				07 30 2015							
				Transaction ID : D167717							
		Zip Code									
PORTLAND Purpose of Disbursement	OR	97232									
Campaign Contribution			011	Amount	of Each D	isbursemer	nt this P	eriod			
Candidate Name											
Rep. Earl Blumenauer			Category/ Type				1000.	00			
	ment For: 20	20									
	Primary	General									
President President	Other (specif	fy) 🔻									
State: OR District: 03											
Full Name (Last, First, Middle Initial) <b>B.</b> JENKINS FOR CONGRESS				Date of	Disbursem	ent					
5. JENKINS FOR CONGRESS				M = M	/ D D		Y	/			
Mailing Address PO BOX 727				07	31		2015	'			
•		Zip Code		Trans	action ID :	D168720					
HUNTINGTON Purpose of Disbursement	WV	25711									
Campaign Contribution			011	Amount	of Each D	isbursemer	nt this P	eriod			
Candidate Name			Category/					-			
Rep. Evan Jenkins			Type			-	1000.	00			
Office Sought: House Disburser	ment For: 20	)16									
	Primary	General									
President President	Other (specif	iy) <b>▼</b>									
State: WV District: 03											
Full Name (Last, First, Middle Initial)  C. BUTTERFIELD FOR CONGRESS				Date of	Disbursem	ent					
S BOTTERNIELD FOR CONGRESS				M M	/ D D		Y	/			
Mailing Address PO BOX 2571				07	29		2015				
-											
City S WILSON	State NC	Zip Code 27894		Trans	action ID :	D167703					
Purpose of Disbursement	INC	21094									
Campaign Contribution			011	Amount	of Each D	isbursemer	nt this P	eriod			
Candidate Name			Category/								
Rep. G.K. Butterfield			Type				1000.0	JU			
Senate	Primary	General									
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 24 OF 25	
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	NAME OF COMMITTEE (In Full)		, , ,			_
	American Pharmacists Association	Politica	al Action Com	nmittee		
_						
۸	Full Name (Last, First, Middle Initial)				Date of Disbursement	
Α.	KAREN BASS FOR CONGRESS					
	Mailing Address 777 S. FIGUEROA STREET				09 28 2015	
	011	21-1-	7:- 01-			_
	City S LOS ANGELES	State CA	Zip Code 90017		Transaction ID : D168354	
	Purpose of Disbursement		30017		-	
	Campaign Contribution			011	Amount of Each Disbursement this Period	
	Candidate Name			Category/	1000.00	
	Rep. Karen Bass  Office Sought:	nent For:	2016	Туре	1555.00	
		Primary	General			
	President	Other (spe	ecify) 🔻			
	State: CA District: 37					
_	Full Name (Last, First, Middle Initial)				B . (B)	
Ь.	MORGAN GRIFFITH FOR CONGR	RESS			Date of Disbursement	
	Mailing Address PO BOX 361				07 30 2015	
	City	State	Zip Code		Transaction ID : D167716	
	OLIDIOTIA NODLIDO	١/٨	0.4000			
	CHRISTIANSBURG Purpose of Disbursement	VA	24068		-	
	CHRISTIANSBURG Purpose of Disbursement Campaign Contribution	VA	24068	011	Amount of Each Disbursement this Period	
	Purpose of Disbursement Campaign Contribution Candidate Name	VA	24068	011 Category/		
	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith				Amount of Each Disbursement this Period	
	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought: House Disbursen	nent For:	2020	Category/		
	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  House Senate  Disbursen	nent For: Primary	2020 General	Category/		
	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  House Senate  Disbursen	nent For:	2020 General	Category/		
	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought: House Senate President State: VA District: 09  Full Name (Last, First, Middle Initial)	nent For: Primary	2020 General	Category/	1000.00	
<b>C</b> .	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  House Senate President  State: VA District: 09	nent For: Primary	2020 General	Category/	Date of Disbursement	
<b>C</b> .	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  House Senate President State: VA District: 09  Full Name (Last, First, Middle Initial)  LEVIN FOR CONGRESS	nent For: Primary	2020 General	Category/	Date of Disbursement	
<b>C</b> .	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought: House Senate President State: VA District: 09  Full Name (Last, First, Middle Initial)	nent For: Primary	2020 General	Category/	Date of Disbursement	
<b>c</b> .	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  House Senate President State: VA District: 09  Full Name (Last, First, Middle Initial)  LEVIN FOR CONGRESS  Mailing Address PO BOX 37	nent For: Primary Other (spe	2020 General ecify) ▼  Zip Code	Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
<b>C</b> .	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  Senate President  State: VA District: 09  Full Name (Last, First, Middle Initial)  LEVIN FOR CONGRESS  Mailing Address PO BOX 37  City ROSEVILLE	nent For: Primary Other (spe	2020 General ecify)	Category/	Date of Disbursement	
C.	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  House Senate President State: VA District: 09  Full Name (Last, First, Middle Initial)  LEVIN FOR CONGRESS  Mailing Address PO BOX 37	nent For: Primary Other (spe	2020 General ecify) ▼  Zip Code	Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
C.	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought: House Senate President State: VA District: 09  Full Name (Last, First, Middle Initial)  LEVIN FOR CONGRESS  Mailing Address PO BOX 37  City SROSEVILLE  Purpose of Disbursement Campaign Contribution  Candidate Name	nent For: Primary Other (spe	2020 General ecify) ▼  Zip Code	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
C.	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  Senate President State: VA District: 09  Full Name (Last, First, Middle Initial)  LEVIN FOR CONGRESS  Mailing Address PO BOX 37  City ROSEVILLE Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Sander M. Levin	nent For: Primary Other (spe	2020 General ecify) ▼  Zip Code 48066	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
С.	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  State: VA District: 09  Full Name (Last, First, Middle Initial)  LEVIN FOR CONGRESS  Mailing Address PO BOX 37  City  ROSEVILLE  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Sander M. Levin  Office Sought: House Disbursement	nent For: Primary Other (spe	2020 General ecify) ▼  Zip Code 48066	Category/ Type  011  Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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C.	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  House Senate President State: VA District: 09  Full Name (Last, First, Middle Initial)  LEVIN FOR CONGRESS  Mailing Address PO BOX 37  City  ROSEVILLE Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Sander M. Levin  Office Sought:  House Senate	nent For: Primary Other (spe	2020 General ecify) ▼  Zip Code 48066	Category/ Type  011  Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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s	Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Morgan Griffith  Office Sought:  State: VA District: 09  Full Name (Last, First, Middle Initial)  LEVIN FOR CONGRESS  Mailing Address PO BOX 37  City  ROSEVILLE  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Sander M. Levin  Office Sought:  House Senate President  State: MI District: 12	nent For: Primary Other (spe	2020 General ecify) ▼  Zip Code 48066  2020 General ecify) ▼	Category/ Type  011  Category/ Type	Date of Disbursement  M M M / 30 / 2015  Transaction ID : D167714  Amount of Each Disbursement this Period	

SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE							
ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	(oricon oriny	•					
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30				
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or for commercial purposes, other than using the name	ie and address of any pol	ilical committee to	SOlicit contributions fr	OIII SUCII COMMITTEE.				
NAME OF COMMITTEE (In Full)	Dolitical Action O	nmm:44.a.=						
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A. TONY CARDENAS FOR CONGRE	:SS		Date of Disburseme					
Mailing Address 3700 WILSHIRE BLVD SUITE 105	0-B		07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
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Rep. Tony Cardenas  Office Sought:   House   Disburser	ment For: 2020	Туре		7				
	Primary General							
President	Other (specify) ▼							
State: CA District: 29	·							
Full Name (Last, First, Middle Initial)								
FRIENDS OF MARK WARNER			Date of Disburseme	ent				
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Mailing Address 201 NORTH UNION STREET		07 29	2015					
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Candidate Name		Category/						
Sen. Mark Warner		Type		1000.00				
	nent For: 2020							
	Primary General							
State: VA District: 00	Other (specify) ▼							
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C. TIM SCOTT FOR SENATE			Date of Disburseme	ent				
Matter Address And Assessment Transfer			M = M / D = D	/ Υ Ι Υ Ι Υ Ι Υ				
Mailing Address 1405 ASHLEY RIVER ROAD			07 31	2015				
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Sen. Tim Scott		Category/ Type		1000.00				
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SUBTOTAL of Disbursements This Page (optional)		·····	7	3000.00				
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